

04-23-01

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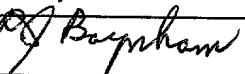
UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	200017.432
First Inventor	David A. Holcomb
Title	HAND-HELD FOOD PROCESSOR
Express Mail Label No.	EL755729673US

A
JC978 U.S. PRO
09/839027
04/19/01

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the Invention	b. <input type="checkbox"/> Specification Sequence Listing on:	
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention	ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)	10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Election and (when there is an assignee) Power of Attorney	
- Detailed Description	11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
- Abstract of the Disclosure	13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>FIVE</u>]	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized)	
5. Oath or Declaration [Total Sheets <u>TWO</u>]	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. Applicant must attach form 122(b)(2)(B)(i). PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	17. <input checked="" type="checkbox"/> Other: <u>Check</u>	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76		
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of prior application No. _____ /		
Prior application information Examiner _____ Group Art Unit: _____		
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		

19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Correspondence address below		or:	
Firm Name		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	
Address		 00500 <small>PATENT TRADEMARK OFFICE</small>	
City, State, Zip			
Country			
Telephone		Fax	
Name (Print/Type)	R. J. Baynham		Registration No. (Attorney/Agent)
Signature			Date <u>4/19/01</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

(CJR:sjh)L:200017\432\432-PTOSB05

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 548)

Complete if Known

Application Number	
Filing Date	April 19, 2001
First Named Inventor	David A. Holcomb
Examiner Name	
Group Art Unit	
Attorney Docket No.	200017.432

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-1090**Deposit Account Name **Seed Intellectual Property Law Group PLLC**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit any overpayment to Deposit Account Number above

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$ 40)

1. BASIC FILING FEE

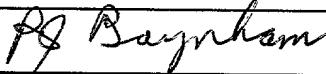
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		(\$ 355)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
37	17	9	153
Independent Claims	3	0	40
Multiple Dependent		X	=
SUBTOTAL (2)		(\$ 153)	

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	R. J. Baynham	Registration No. Attorney/Agent	28,846		00500
Firm Name/Address					
Signature		Date	4/19/01		PATENT TRADEMARK OFFICE